CANDIDATE’S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☑ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name
   Coats

   First Name
   Jeffery

   Middle Name
   William

   Nickname
   Jeff

   3. Type of Committee (Check one)
      X Candidate’s Principal Committee
       ☐ Exploratory Committee

4. Mailing Address
   11629 Breckenridge Court
   Indianapolis IN 46236

   5. FAX (Optional)
   317-590-1478

   6. E-mail Address (Optional)

7. City
   Indianapolis

   State
   IN

   8. County
   Marion.

   9. Telephone (Day) (Optional)
   317-590-1478

   10. Telephone (Evening) (Optional)
       317-590-1478

11. Party Affiliation
   ☑ Democratic
   ☐ Libertarian
   ☐ Republican
   ☐ Other

   12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
       Indianapolis City County Council, Dist 5

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) ☐ Check if this is a new name

   Committee to Elect Jeff Coats

14. Mailing Address ☐ Check if this is a new address
   11629 Breckenridge Court
   Indianapolis IN 46236

   15. FAX (Optional)
   317-590-1478

   16. E-mail Address (Optional)

17. City
   Indianapolis

   State
   IN

   18. County
   Marion.

   19. Telephone (Optional)
   317-590-1478

   20. Committee Organization Date (MM-DD-YY)

21. Chairperson’s Full Name ☑ Designate Candidate as Chairperson ☐ Check if this is a new chairperson

22. Mailing Address ☐ Check if this is a new address
   11629 Breckenridge Court
   Indianapolis IN 46236

   23. FAX (Optional)
   317-590-1478

   24. E-mail Address (Optional)

25. City
   Indianapolis

   State
   IN

   26. County
   Marion.

   27. Telephone (Day) (Optional)
   317-590-1478

   28. Telephone (Evening) (Optional)

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

Teachers Credit Union

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)

31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) ☐ No ☑ Yes

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.

   Person Appointed Treasurer

   Signature of the Committee Chairperson

33. Treasurer’s Full Name ☑ Designate candidate as treasurer ☐ Check if this is a new treasurer

34. Mailing Address ☐ Check if this is a new address
   11629 Breckenridge Court
   Indianapolis IN 46236

   35. FAX (Optional)
   317-590-1478

   36. E-mail Address (Optional)

37. City
   Indianapolis

   State
   IN

   38. County
   Marion.

   39. Telephone (Day) (Optional)
   317-590-1478

   40. Telephone (Evening) (Optional)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

   Signature of Person Accepting Appointment

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson
   Jeff Coats

   Signature of Chairperson
   [Signature]

   Date (MM-DD-YY)
   02-24-15

43. Typed or Printed Name of Candidate
   Jeff Coats

   Signature of Candidate
   [Signature]

   Date (MM-DD-YY)
   02-24-15

FOR OFFICE USE ONLY

FILED
MARC 03 2015

Myla A. Eldridge